

## PATENT APPLICATION DATA ENTRY FORMAT

### Inventor Information

Inventor One Given Name: Martin  
Middle Initial: T.  
Family Name: Gerber  
Name Suffix:  
Postal Address Line One: 6384 Forestview Lane  
Postal Address Line Two:  
City: Maple Grove  
State or Province: MN  
Postal or Zip Code: 55369  
Country of Citizenship: United States of America

Inventor Two Given Name:  
Middle Initial:  
Family Name:  
Name Suffix:  
Postal Address Line One:  
Postal Address Line Two:  
City:  
State or Province:  
Postal or Zip Code:  
Country of Citizenship:

Inventor Three Given Name:  
Middle Initial:  
Family Name:  
Name Suffix:  
Postal Address Line One:  
Postal Address Line Two:  
City:  
State or Province:  
Postal or Zip Code:  
Country of Citizenship:

### Correspondence Information

Correspondence Customer Number: 27581  
Electronic Mail: [thomas.woods@medtronic.com](mailto:thomas.woods@medtronic.com)

### Application Information

Title Line One: Method, System and Device For Treating Various  
Title Line Two: Disorders Of The Pelvic Floor By Electrical Stimulation Of  
Title Line Three: The Pudendal Nerves And The Sacral Nerves At Different  
Title Line Four: Sites  
Total Drawing Sheets: 11  
Formal Drawings?:  Yes  No  
Application Type:  
Attorney Docket Number: P-11733.00US

### Representation Information

Representative Customer Number: 27581

### Continuity Information

This application is a:

>>Application One:

Filing Date:

Patent Number:

Which is a:

>>Application Two:

Filing Date:

Patent Number:

Which is a:

>> Application Three:

Filing Date:

Patent Number:

### Prior Foreign Applications

Foreign Application One:

Filing Date:

Country:

Priority Claimed?:

Yes  No

### Assignee Information for Inclusion on the Patent Application Publication

Assignee:

Medtronic, Inc.

Address:

Minneapolis, Minnesota